

Faculty Recommendations for Library Media Center Materials
(Please submit to the Teacher-Librarian and/or Principal)

School: _____ Teacher's Name: _____ Date: _____

Subject Area: _____ Grade Level: _____ Reading Level: _____

State Standard this material will support: _____

Special Needs: (visually impaired, language, etc) _____

Type of media requested: (book, video, computer software, etc.) _____

Please list specific recommendations:

Author; Title; Type of Media; Publisher/Producer; Copyright Date; Review Source (if known)